



AMERICAN FRATERNAL UNION

PO Box 59 • Ely, MN 55731-0059 • (218) 365-3143

NOTICE OF CHANGE OR CORRECTION OF NAME

(Do Not Submit Policy)

Name of Insured	Policy Number
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The American Fraternal Union is hereby requested to change the name on this certificate.

Change Name From	Change Name To
Reason for Change <i>(Submit evidence if any by Court action)</i>	

Date

Signature of Policyowner

Witness to Signature of Policyowner

Home Office Acknowledgement (Do not write below this line)

The above has been filed at the Home Office of the American Fraternal Union.

Examined by _____
Date _____

National Secretary _____